

NARRATIVE (C) Chief Complaint (H) Hx of Present Illness (A) Assessment (R) Rx Treatment (I) Transport Treatment, Changes, Condition

(C) Other- weakness (H) While on scene for an inmate involved in an earlier MVA, officials and employees asked us to check on this inmate who was arrested and brought in approx 20 mins prior for breaking and entering a resident's home. Pt was located in the isolation room and found lying supine, fully clothed, on the floor. Officials stated he was tased prior to being brought to jail for being combative and were standing nearby in case he became combative again. Pt refused to give any medical history. Per officials and employees present, pt has an extensive hx of drug abuse. (A) Pt was mumbling to himself and refused to answer any medical questions. Pt did answer his name and other types of questions. Pupil were reactive to light. (R) Bg1-128 Skin- warm, dry. (See continuation page)

Revised Trauma Score

GCS	Systolic BP	Resp
4 13-15	4>89 mm Hg	4 10-29/min
3 9-12	3 76-88 mm Hg	3> 29/min
2 6-8	2 50-75 mm Hg	2 6-9/min
1 4-5	1 149 mm Hg	1 1-6/min
0-3	0 Nil	0 Nil

No. 1

CONTINUATION OF PATIENT CARE NOTES

UNIT # EMS 4 RUN NUMBER 32780 DATE 11-1-14 PAGE 2 OF 2
 PATIENT NAME Michael McDougle SSN

CONTINUED FROM FRONT NARRATIVE PAGE:

Pulse normal @ 92, Respiration 22 and non-labored. Pt's shirt had a tear on the right side. No obvious DAP-BTLS noted from entire body. (T) Patient would not express if he wanted to be transported or not. Asked officials if they wanted him transported. Officials stated they would watch him and let him sleep there until morning. Informed them to call us back at anytime if we were needed or if they became concerned about him. Pt left in care of officials and employees present.

TIME	HEART RATE	PULSE	MONITOR	STRESS	EDUCATION	ADVICE	REMARKS

Saudi C. Uygur
 PARAMEDIC SIGNATURE

11-1-14
 DATE

ATTACH ORIGINAL TO PATIENT CHART

GIVE COPY TO RECEIVING FACILITY

NESHOPA COUNTY EMS

INCIDENT LOCATION <u>Neshoba County Jail</u>		TRANSPORTED TO <u>D.O.A.</u>	
PATIENT LAST NAME <u>Mr. Dangle</u>	FIRST <u>Michael</u>	M. I. <u>D</u>	PHONE <u>29</u>
STREET ADDRESS <u>901 Gum Street</u>		INCIDENT#	TODAY'S DATE <u>11/12/2014</u>
CITY <u>Philadelphia</u>	STATE <u>MS</u>	ZIP CODE <u>39350</u>	Approx. Incident Time <u>07:42</u>
TO Scene <input checked="" type="checkbox"/> E <input type="checkbox"/> NE <input type="checkbox"/> A <input type="checkbox"/> B FR Scene <input type="checkbox"/> E <input checked="" type="checkbox"/> NE <input type="checkbox"/> SPEC		DESTINATION CHOSEN BY: (Check all that apply) <input type="checkbox"/> Attendant <input type="checkbox"/> Patient <input type="checkbox"/> Deteriorated <input type="checkbox"/> Closest Facility <input type="checkbox"/> Police <input type="checkbox"/> Improved <input type="checkbox"/> Doctor <input type="checkbox"/> Protocol <input type="checkbox"/> No Change <input type="checkbox"/> Guardian <input type="checkbox"/> By Pass <input type="checkbox"/> V/S Ceased <input type="checkbox"/> Diversion	MED CONTROL ALS ONLY <input type="checkbox"/> MD @ Scene <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Black <input type="checkbox"/> Verbal <input type="checkbox"/> Asian <input type="checkbox"/> Written <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American
DRY RUN INFORMATION <input type="checkbox"/> Refused (3) <input type="checkbox"/> False Call (1,5,7,9) <input type="checkbox"/> POV (4) <input type="checkbox"/> Pronounced (6) <input type="checkbox"/> Rx, No TX (3) <input type="checkbox"/> No Rx, DDS (6) <input type="checkbox"/> Rx, TX - Other (3)		RACE <input type="checkbox"/> White <input type="checkbox"/> Other <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	
MECHANISM TRAUMA CALLS ONLY CHECK ALL THAT APPLY <input type="checkbox"/> N/A <input type="checkbox"/> Burns <input type="checkbox"/> Death - Same MV <input type="checkbox"/> Deformity 20+in. <input type="checkbox"/> Ejection <input type="checkbox"/> Extricate > 20 min. <input type="checkbox"/> Fall < 20' <input type="checkbox"/> Fall > 20' <input type="checkbox"/> Flail Segment <input type="checkbox"/> Intrusion 12+in. <input type="checkbox"/> Limb Paralysis <input type="checkbox"/> Motorcycle 20+ mph/wsp <input type="checkbox"/> Ped. Run-over <input type="checkbox"/> Ped vs MV 5+ mph <input type="checkbox"/> Rollover <input type="checkbox"/> Poss. Self-intlicted <input type="checkbox"/> Speed 40+ mph		PRIOR MEDICAL HX CHECK ALL THAT APPLY <input type="checkbox"/> Cardiac <input type="checkbox"/> EENT <input type="checkbox"/> Endocrine <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Hematologic <input type="checkbox"/> Hepatic <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Integumentary <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> No Medical History <input type="checkbox"/> Psychological <input type="checkbox"/> Respiratory <input type="checkbox"/> Vascular <input type="checkbox"/> Renal/GU <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other	
PATIENT PROTECTION (MVC) <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Unknown <input type="checkbox"/> Safety Seat <input type="checkbox"/> Air Bag <input type="checkbox"/> None Used <input type="checkbox"/> Was Seatbelt Automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No		CPR Arrest to CPR? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrest to ALS? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arrest to Defib? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pulse Restored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PATIENT LOCATION <input type="checkbox"/> Dr <input type="checkbox"/> Pass <input type="checkbox"/> Rear <input type="checkbox"/> Other		PUPILS L R N N D D C C <input checked="" type="checkbox"/> NR <input checked="" type="checkbox"/> FR	
CURRENT MEDS		PRIOR AIDS EMRG. ONLY <input type="checkbox"/> None <input type="checkbox"/> Bystander <input type="checkbox"/> Police <input type="checkbox"/> Medical <input type="checkbox"/> Fire Dept	
SKIN CONDITION <input type="checkbox"/> W <input checked="" type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> M		CAP REFILL <input type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <input type="checkbox"/> None	
RESP EXPN <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> None		MISCELLANEOUS Records Tx? <input type="checkbox"/> Y <input type="checkbox"/> N S/S of SCI? <input type="checkbox"/> Y <input type="checkbox"/> N DNR/AD? <input type="checkbox"/> Y <input type="checkbox"/> N Alert ID Tag <input type="checkbox"/> Y <input type="checkbox"/> N Contact W/ <input type="checkbox"/> Y <input type="checkbox"/> N Blood/Fluids <input type="checkbox"/> Y <input type="checkbox"/> N Work Related <input type="checkbox"/> Y <input type="checkbox"/> N	
TIME (24hr) B/P P R O2 sat ECG (attach) EMS PERSONNEL Driver <u>D. IVY</u> ATTENDANT #1 <u>K. Fendrick</u> ATTENDANT #2		Person Receiving RT <u>Allen Lee</u> Family/Attend MD Med Control MD Receiving I/E.R. MD <input type="checkbox"/> SAA	
AID GIVEN: Include Meds, Amt, Route, ETC02, CBG, Laryngoscopy O2 Sat, Etc. ALS ASSESSMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		Dispatched Nature of Call/EMD Determinant <u>Unresponsive</u> Nature of Call @ Scene: Inc. C/C) <u>D.O.A.</u> Patient Found: (On floor, in bed, etc.) <u>lying supine on floor</u> Why Was TX by Ambulance Medically Necessary?	

NARRATIVE: (C) Chief Complaint (H) Hx of Present Illness (A) Assessment (R) Rx Treatment (T) Transport Treatment, Changes, Condition

(C): D.O.A. (H): On scene with Philadelphia Fire, Jailers, and Police officers, patient found lying supine in the floor, had on a tee shirt and a pair of boxer shorts, pair of shorts beside him, jailers said he had been tazed for being combative prior to arriving at jail, also said he had a history of drug abuse, assessed by EMS around 2230 last seen alive around 4-430 this A.M. asking for water, jailers gave him some, found around 07:30 unresponsive, call for EMS. (A)- Apneic and pulseless, ECG: pulseless Asystole in 3 leads, pupils fixed, rigor mortis had started setting in the extremities, skin cold and dry, cyanotic. (R)- Cardiac Monitor; (T)- Body left with corner

Att #1 Sig Title Level & No.

Att #2 Sig Title Level & No.

DEMS

Glasgow Coma Scale

Eye Opening
 4 Spontaneously
 3 To Command
 2 To Pain
 1 No Response

Verbal Response
 5 Oriented
 4 Confused
 3 Inappropriate
 2 Incomprehensible
 1 No Response

Motor Response
 6 Obeys Commands
 5 Localizes Pain
 4 Withdraws to Pain
 3 Flexion
 2 Extension
 1 No Response

GCS

4 13-15
 3 9-12
 2 6-8
 1 4-5
 0-3

Revised Trauma Score

Systolic BP
 4-89 mm Hg
 3 76-88 mm Hg
 2 50-75 mm Hg
 1 149 mm Hg
 0 Nil

Resp
 4 10-20/min
 3 > 20/min
 2 6-9/min
 1 1-6/min
 0 Nil

Total RTS 0

42741

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Mississippi

BRITTNEY MCDUGLE, ET AL.

Plaintiff

v.

NESHOPA COUNTY, MS. ET AL.

Defendant

Civil Action No. 3:15-cv-350-CWR-FKB

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: Records Custodian -- Neshoba County Ambulance Enterprise, 1001 Holland Ave., Philadelphia, MS 39350

(Name of person to whom this subpoena is directed)

Production: YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Copies of any and all medical records, reports, test results, notes, correspondence, x-ray reports, x-rays and all films, insurance records (claims and correspondence), itemized bills, or other documents which in any way relate to Michael D. McDougale, DOB: XX/XX/1985. Please see the HIPAA certificate attached as Exhibit "A."

Place: Daniel Coker Horton & Bell, P.A.
P.O. Box 1084
Jackson, MS 39215-1084

Date and Time:

08/21/2015 10:00 am

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached -- Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 08/06/2015

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

Attorney's Signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party)

Neshoba County, MS and Sheriff Tommy Waddell

, who issues or requests this subpoena, are:

Steven J. Griffin, Esq., P.O. Box 1084, Jackson, MS 39215-1084, sgriffin@danielcoker.com, 601-969-7607

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action (Page 2)

Civil Action No. 3:15-cv-350-CWR-FKB

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)*

I received this subpoena for (name of individual and title, if any) Records Custodian - Neshoba Co. Ambulance Enterprise
 on (date) 8/10/15

☒ I served the subpoena by delivering a copy to the named person as follows: Dale Joyce -
Director of the Neshoba Co. Ambulance Enterprise
 on (date) 8/10/15 ; or

☐ I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also
 tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of

\$ n/a

My fees are \$ n/a for travel and \$ n/a for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 8/10/15

[Signature]
 Server's signature

Wade White Attorney
 Printed name and title

501 Main St. Philadelphia 39350
 Server's address

Additional information regarding attempted service, etc.:

Print

Save As...

Add Attachment

Reset

HIPAA CERTIFICATE: This certifies that this subpoena has been issued in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-901 and 45CFR 164.512 (e)(1)(ii). The party issuing this subpoena has made a good faith attempt to provide written notice to the Plaintiff/Patient listed above by sending his/her attorney, a notice of the issuance of this subpoena which included sufficient information about the litigation to permit the Plaintiff/Patient to raise objection to the court or administrative tribunal.

